cert 7006 2150 0002 3349 2802	
FOR INSTRUCTIONS, SEE BACK OF FORM	FORM
DISCLOSURE SUMMARY PAGE	DR-2 DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organization) Friends of Jim Lykam (A ETHICS AND)	Rev. 01/2001) REPORT
Friends of Jim Ly Kamampaign The THICS AND	For Office Use Only 1207
IMPORTANT: Indicate type of committee you are reporting for:	Comm. #
2008 JUL 17 PM 12: 59	I f
(5) County AC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support State of Candidates	Audited
CANDIDATE COMMITTEES ONLY:	7 04.0
Candidate NamePolitical Party	rua 43
Jim Lykam Democrat	•
Office Sought District (if Senate of House)	
State Kenresentative 85th	
	/ 1
Darbara Dirkan (563) 391-191	9 7/15/08
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE	DATE SIGNED
Routine Penalties Due For Late Filed Reports Range from	\$20 to \$800
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:	, 20 00 , 000
	M (ONON EL FOTION VEAD
I AM FILING A 21, 2008 REPORT FOR AN/A (1) ELECTION (report date)	
COURSE AMENDMENT TO DEPOSIT OF THE	
CHECK IF AMENDMENT TO REPORT DATED Local	Committees, enter Date of Election
Country Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.	y & Local Committees, enter County in
	Election is held
<u> </u>	
STATEMENT OF CASH ON HAND	
STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (This is the total of all monios hold	
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end	18 8/8 57
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)	s 18,868.57
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD	2 245 00
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	2,245.00
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	2,245.00
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CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H) (Schedule H applies to Candidates' Committees Only)	2,245.00
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	2,245.00
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CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F)	2,245.00 = 31,113.57 7,759.09
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	2,245.00 = 3,113.57 7,759.09 13,354.48
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CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	2,245.00 = 3,113.57 7,759.09 5 13,354.48
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STATE CANDIDAT NUMBER AND THE DISCLOSURE BOAL	PAC CHECK NUMBER IN "	BUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION CO THE DESIGNATED COLUMN, A LIST OF ID NUMBERS IS AVAILABL	MMITTEE), L E FROM THE	IST THE PAC ID IOWA ETHICS /	ENTIFICATION AND CAMPAIG) N
CAUTION: Sect for any commerc	ion 68B.32A(6), lowa C ial purpose by any pers	code, prohibits the use of information copied from reports a son other than statutory political committees.	nd stateme	nts for solicitir	ng contributio	ens or
DATE RECEIVED (MWDDYR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIO TO CAND (if appli	DIDATE" R	AMOUNT RECEIVED	√ IF FOR FUND-RAISER
5/29/08	ID# 6432 CK# 1099	Plumbers Pipefitters Local 25 4600-46th Ave. Rock Island, I/ 61201		\$2	50.00	
5/30/08	ID#6486 CK#1692	Towa Telecom 1155. 2nd Avc. W. Newton, Ia 50208		/-	50.00	
6/13/08	ID# CK#	Quincy Payne 2233 W. Rusholme Daversort, Fa 52804		i	30.00	
7/1	ID#	David Swimy			5000	

30.00 CK# ID# 25.00 CK# ID# 100.00 CK# ID# 50.00 CK# ID# 25.00 CK# ID# 50.cx CK# ID# 50.0C ne wood ct. CK# 52807 SUB-TOTAL \$1020.00 TOTAL (if last page of this schedule)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be sa	me as on Staten	ment of Organization)	
Friends	of	Jim	LyKam	

A (Rev. 06/97)	MONETARY RECEIPTS	
CHECK THIS BOX IF AMENDING FORM		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
7/5/08	ID# CK#	Jimmie Livermone 4821 Woodland Ave. Davenport Fa 52807		\$/00.00	
7/5/08	ID# CK#	Robert Wolfe 4907 Turnberry Ct. Daversort In 52807		100.00	
7/7/08	ID#	Mary K. Sims 2708 29th St. Bettendorf. Fa 52722	į.	150.00	·
7/7/08	ID# 6498 CK# 1719	WellPAC b36 Grand Ave. Des Maines, Ia 50309		250.00	
7/7/08	ID# . CK#	Sheri Garnahan 2007 Enevaid Dr. Davenport, Ia 52804		100.00	
7/9/08	ID# CK#	Diane Oeterich 1823 E. Rusholme Davensort Ia 52803		100.00	
7/10/08	ID# CK#	Michael Walton 4715 Spring St. Davenment, Ia 52807		75.00	
7/10/08	ID# CK#	Brian Nagle 4207 Wood land Ct. Davenment ta 52807		25.00	
7/11/08	ID# CK#	Margaret Hathaway 2503 gaines St. Davenport Ta 52804		25.00	
7/12/08	ID#	Paul Macek 1015 Canterbury Ct. Davensort, Fa 52806		100.00	
<u> </u>		1 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	SUB-TOTAL	- lane no	

TOTAL (if last page of this schedule)

"Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 3 (for Schedule A)

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CONTRIBUTIONS - MONEY TAKEN IN	(Rev. 06/97)	RECEIPTS
(Including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization) Friends of Jim Ly Kam		CK THIS BOX IF NDING FORM
STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM TH DISCLOSURE BOARD.		· · · · · · · · · · · · · · · · · · ·

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
7/12/12	ID# 6067	Iowa Health PAC 6750 Westown Parking #100 West Des Maines, Ia 50266		\$200.00	
110100	10#	West Des Maines, In 50266		<u> </u>	
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TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 3 of 3 (for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
,	CK THIS BOX IF INDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization) CANDIDATE NAME AND ADDRESS TO WHOM PURPOSE **AMOUNT** DATE ID NUMBER **EXPENDITURE** (DESCRIBE TRANSACTION) **EXPENDED EXPENDED** (if applicable) (Disbursement) WAS MADE (MM/DD/YR) AND PAC CHECK NUMBER ID# W. Ind St. \$ 90.24 CK#/460 ID# CK#/46 ID# CK#1462 ID# 6,000.00 ID# 10.00 CK#/46 L ID# 50.00 ID# 1,312.50 ID# CK# /(SUB-TOTAL

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page _____ of ____

TOTAL (if last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF

Frie	nds of	Jim LyKam	<u>/ : </u>		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURP (DESCRIBE TR		AMOUNT EXPENDED
7/7/08	ID# CK#/468	Treasurer State of Iowa State Capital Des Moines, Ia. 50319	Flags (for const Stang	Towa) tuants	\$ 54.00
7/7/08	ID# CK#/419	Postmaster 4018 Marquette Daverport, Ja 52806	Stamp Mail of	95, leag	129.29
	ID#	,			
	ID# CK#				
	ID# CK#	·	·		
<u> </u>		,		SUB-TOTAL	\$ 183. 29

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page _ 2 _ of _ 2

TOTAL (if last page of this schedule)

COMMITTEE NAME (Must be sa	me as on Si	tatomant of Oraș-i-		
Friends			LyKam	
		0.771		

SCHEDULE					
E	IN KIND				
(Rev. 06/97)	CONTRIBUTIONS				
CHECK THIS BOX IF AMENDING FORM					

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
7/3/08	Jim Ly Kam J. 2906 W! 35th St. Davenport Ia 52806	Self	Campaign Stickers.	\$ 10.00	
5/14/08	Towa Dem Party Truman Fun 5661 Fleur Drive Des Moines, Iowa	d	invites + Postage	30,00	
				A A	
			·		
X Per pho	me from treasurer 7-15-08		TOTAL (if last	\$40.00	
		.•	page of this	40.00	

schedule)

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of_ (for Schedule E)